Participant Feedback Comments – Omaha

1. It is critical that this commission and its efforts be in close contact and coordination with the post LB 709 actors and their proposals. We must not waste time or effort on duplicative or incongruent activities over the next year or so. This same idea further should be given credence if the federal government moves forward with comprehensive Medicaid reform through a truly bi-partisan commission as envisioned in Senate Bill 338 or as may be appointed by the Bush administration.

2. We are never going to truly solve this problem of the uninsured until we move to a national health care system or a single payer system. I hope that the commission considers steps to move Nebraska in this direction. In the meantime, any proposals made should protect the eligibility levels in our present Medicaid program and focus on ways to expand the Medicaid program.

3. It is my perspective that not much can change when the bottom line for businesses is to profit. How can we get the pharmaceutical companies and other medical businesses to enter into this dialogue?

4. Maintain coverage for pregnant women, prenatal care is a cost-effective strategy. Coverage for women should not only be based on childbearing status. Chronic health issues often can be resolved before pregnancy with regular health care, but if women cannot afford health care until they are pregnant and Medicaid eligible.

   Private Sector strategies: Can't Support, Will Block: I'm concerned with this strategy. The insurance companies will lobby strongly for low claim thresholds – which certainly do not make sense for the state to pay more so they can give a bigger payout to their shareholders. Guess what, the good ole boys network won't likely level/lower premiums that much.

5. Assure coverage for preventive health services in expansions.

   Assure coverage of family planning, contraceptive services for men and women (not waste dollars on Viagra).

   Assure full coverage for all women before pregnancy (preconception health), during pregnancy and post-partum and in the first year for children. This two-year guaranteed coverage for all will have great return on investment.

   Where is (social justice) equity in your principles? Not worth stating?

   Be evidence-based in your solutions – adopt those with proven track record elsewhere or (and) put monitoring and evaluation in place to test new initiatives and demonstrate effectiveness, impact.

6. Increase incentive for prevention and individual responsibility. I would like us to shift our focus from sickness to wellness (realizing that illness exists and cannot always be prevented).

7. All of these things would be good to do, but I am skeptical that any or all of them would have much impact, especially in light of relentlessly increasing costs. The most valuable approach would be steps to simplify the system and spread the costs more equitably by community rating and standardized coverage. These steps would also control costs by reducing administrative expenses. The evidence that universal access decreases overall as per capita costs is very strong. We need proposals for system reform, not just a few ways to deal with the system as it exists today. That and some political leaders with vision and courage.

   Has any estimate of costs and/or savings been made of these proposals? Has any estimate been made of the impact of these proposals on the number of uninsured in Nebraska?

8. Exert whatever political influence possible to implement a universal health insurance plan for all Americans. This is the only plausible solution to this growing problem. The fact that 18,000 Americans die each year because they lack health insurance is a national health crisis.

9. Cost and bring more participants to the discussion. People of color and low-income people.

10. Twenty-seven percent of Hispanics are uninsured. Take a look at the number of Hispanic workers who opt out of their employer's health insurance plan. I've been told that most Hispanic workers do opt out because each additional dollar in their pocket is far more important than insurance – they'll take their chances. In addition, when an employee opts out of the coverage, the employer saves greatly on expenses. I would guess that many meat producing companies would even go to the extent of encouraging employees to opt out of the health insurance package. If companies are going to take advantage of the low-cost Hispanic work force, then they should be forced to pay for every employee's health insurance.

11. Listen to the uninsured.

12. Take a hard look at allowing the chronically ill to buy into Medicaid coverage.

13. The information was very helpful.

    However, I encourage you to review strategies for special populations (elderly, mental health and substance abuse and persons with disabilities) and how these strategies impact each population.

    Review Medicaid regulations (Chapter 32) and look at what industry standards are for same services.

    Encourage education to employers and persons in need of accessing services.

    Kids in need of services are being made wards of the state just to access MH/SA kids services. States are not good parents.

    Lack of coverage with the age of majority is going to be a huge issue as it relates to medical need inadequacy and access, high school drop out rate, homeless population, delinquency, kids served in adult population, and the risks involved.

14. I appreciate the hard work of the Coalition and the opportunity to comment. The information was very helpful.

    Was there a gender difference in insurance coverage?

    I urge you to do further study on the coverage for mental health and substance abuse treatment, especially for children. When the parent's insurance doesn't cover MH/SA treatment, parents are faced with difficult decisions, such as making their child a ward of the state.

    Medical case management and care coordination is an effective strategy for accessing treatment and maintaining costs when it is done correctly. This could be a strategy under Public Strategy #4.

    The recent cuts to Ribicoff to young people increased the number of uninsured people.

    I suggest a review of Medicaid requirements for savings – this <u>must</u> include provider involvement and review of best practice.

15. Please address mental health parity and substance abuse treatment.

16. To learn the experience of the health care delivery system from countries with national health care insurance, and take the most reasonable and cost-savings ideas to use (for example, how to handle long-term health care).

17. Continue moving forward with the strategies. We are behind in the U. S. compared to other countries when it comes to this area and Nebraska has led in other areas. This is an important and commendable area in which Nebraska can lead!

18. Don't ignore long-term care because it utilizes a high proportion of Medicaid. Fully fund Nebraska Care Management Program to coordinate. Eliminate institutional bias.

    Prescription drug price doesn't go far enough. Look at LB 712, make drugs available to uninsured at Medicaid prices. Implement a preferred drug list for Medicaid. Enact legislation to require drug companies to disclose costs of detailing of drugs in state (Vermont does). Require PBMs to disclose the true net costs of drugs purchased. Pharmacy insurance should provide an explanation of benefits that shows what discounts and rebates were negotiated, what the insurance actually paid, and the amount for which the insured is responsible.

    Health care providers should be required to bill no more than Medicaid rates for uninsured.

19. Consider a statewide program to coordinate specialty care for uninsured with Hope Medical Outreach Coalition.

    Expand chronic care management (disease management) program to adults in poverty who are not eligible for Medicaid.

    Improve legislation related to advanced practice nurses to eliminate requirement to physician supervision, therefore, improve access to qualified providers.

    Expand Safety Net Coalition to include non-traditional safety net providers, e.g., nursing centers. I would like to be part of this as director of UNMC College of Nursing safety net practices across the state.

20. Although the Coalition has fulfilled its charge and obligation to the sponsor of the Planning Grant, it has not addressed the fundamental problem of excessive costs, ineffective care when given, and cost-shifting. The Coalition members appear to be principally 'providers' in the larger sense, as were most of those attending the Omaha town meeting. I hope the final report includes the definite increase in dependence on tax moneys, whether state or federal, i.e., our money. So greater attention should be paid to:

    A. Uncovered services (LTC, mental health, etc)
    B. Accountable public
    C. The unsustainable costs of health care
    D. The recommendations depend on exploiting many federal programs, i.e., our money – for example, educating people about availability of unused federal programs, FQHCs
    E. The need for doing #C or raising taxes

    This is obviously a complex problem, and far broader than merely assessing the impact of the uninsured.

21. A commendation to you all for the hard work it has taken to get this far! I urge that existing systems be enlarged and improved to reach the goals – not to look to new mechanisms. So much money has been spent already to address these issues. Anything that can be done to simplify the process and rules for service access by the users is very important. I work with homeless who can't understand the system and so go without. Can we measure the impact of what gets done?

22. Most important – use experience from other states. For example, Vermont (620,000 people) Drug Company Detailing Disclosure laws. PhavarA spent $2.5 million on 2,500 physicians in direct payments – did not count advertising costs, salaries of sales reps, or 'free samples'.

    New York requires pharmacies to provide a list of drugs specified by NY Board of Pharmacy.

    Two things Nebraska itself could do: Pharmacy Benefits Managers are not regulated. Nebraska should enact legislation creating a fiduciary relationship with clients and require disclosure of true prices (net) of drugs purchased.

23. Put efforts into each. Try to find out what/why is not working related to Public Strategy II. Not all sites taking advantage of drug discount program.

    Private Strategy II: what about self-employed – i.e., farmers, would this really cover them as rest of proposal addresses small business?

24. Find some way to make system "plain". All the people in the room were in the field. How does the regular person just trying to get help or help those who need help understand how to help someone or themselves in the health system?

25. People with disabilities need to be looked at separately. Look at CHC for specialized care. Drug formularies. Long term care and get rid of institutional bias in Nebraska. Mental health parity.

26. Private sector strategy is most viable solution.

Participant Feedback Comments – Lincoln

1. I was thinking about the lack of a National Health Policy before Charlotte stated it. This is a huge problem and one we should keep in front of our Federal Legislatures.

2. Whether we convert to a single-payer or can repair our privatized system, it must:
   A. Outlaw or eliminate pre-existing business of insurance company. Discrimination as much as if a black man don't get ahead because he's black.
   B. Provide a safety net in case of job loss- he doesn't lose insurance.
   C. Be universally affordable. If unaffordable it is not available. Be continuous.

   I do see the single-payer as the single answer; but also realize it will be hard to get past those with a stake in US system. Maybe things addressed to might have the next reachable step.

   I believe affordable healthcare is a RIGHT, not a privilege. Happens worldwide. It is achievable by reducing administrative costs; cost shifting (if everybody is insured). Educating to keep us healthy. We are paying for universal healthcare, but not getting it!

   My old friend Martin said of all the forms of inequality injustice in healthcare is the most shocking and inhumane.

3. Don't reduce the Medicaid available to the disabled. Bring about mental healthcare insurance parity. Make drug companies pay the cost of research and don't let them plump the cost on the patients who cannot live without the drugs and can't afford them. Some of the cost for management programs are as unnecessary as the programs!

4. I think the point that insurance is a right - not a privilege. We should focus on this idea. Also-interested in substance abuse coverage.

5. Think broadly and to long-term solutions. Look at more comprehensive approaches such as the Dirigo Health Program in Maine or the proposed SB2 in California.

6. Perhaps it was thought of as impossible to consider universalized health care as an option, but it IS the answer. If Canada, Norway, Argentina, etc. can make the system work, then why not in the most affluent country in the world? It can only be through governmental regulation of insurance and pharmaceutical companies. And of course, taxes would have to be raised. But what's wrong with that? Social Security is fine to be taxed. Why not healthcare?

7. Cost to employers.

8. State funding to existing CHC. Currently Community Health Centers serve as the only access point to uninsured/underinsured households. Added satellite clinics to existing CHC is a workable solution. However, FQHC funding is capped and CHCs need state funding to address the increase in demand of the working uninsured. Also as Medicaid eligibility criteria is restrictive more uninsured persons are seen at the CHC clinics.

9. A good set of strategies, but will there be action steps that make any of this happen, the commitment to make it happen?

10. Can the state begin to look at over regulation and reducing administrative costs to improve the pool of eligibility?

11. How would physicians and hospitals be reimbursed for Disease Management, since currently Medicaid does not recognize this (valuable) service in the form of payment to providers? Evidence-based practice guidelines can be useful, but opinions differ on their utility. Also, several guidelines for each disease exist, so how would we decide which are to be used? Finally, would there be penalties for not following guidelines, and how much of a burden would be placed on health care providers to document any deviation from the guidelines to avoid punitive measures?

    A multi-state drug purchasing pool may work. However, the use of "pharmacy benefits managers" is concerning. If these persons (by the way, what would their qualifications be?) have the ability (power) to deny certain drugs, thereby superseding health care provider authenticity, this solution is more problematic. But, if these workers simply can suggest more cost-effective drugs or treatment regimens and have prescribing decisions to physicians, this solution may work.

12. What do I most want you to know, etc? With all due respect, it seemed that the "leaders" in charge tried too hard to be neutral, and thus were not able to really give leadership and focus. If the Coalition does not believe health care is a right, then the forums seem to me to be an exercise in futility. And I mean that respectfully. Either we want to do something or we don't.

    I believe healthcare is a right not a privilege. I believe that as citizens we will need to arrive at an acceptance that we too believe that we CAN afford good healthcare for all, including undocumented workers. Just like we can afford to wage war, we can afford good healthcare for all.

    Is this coalition expected to give any leadership?

13. Medicaid expansion at this time has a substantial risk. There is a cap on the amount of federal funds available to Nebraska.

    The NHA will open additional suggestions through the future meetings of the Nebraska Health Insurance Policy Coalition.

14. Keep in mind: "Health care for all Nebraskans". Primary care physicians. Preventive care.

15. The cost barrier is not only premiums, but also co-pays. These often discourage individuals from seeking care or pursuing follow-up care. Consider this: The federal government currently provides matching funds to personal “savings accounts” for the low-income. The funds are limited to the purchase of a home or vehicle. Could the same be put in place for the purchase of healthcare (premiums, co-pays, meds)? This would give individuals some level of personal control and responsibility, as well as work to assure healthcare is sought in a timely manner.

16. Medicaid for children is already VERY efficient with regards to annual expense per child. (V. Public) Do NOT try to squeeze savings out of this group (they represent 50-60% of covered but only 25-30% of budget)!! Assuring medical homes and prenatal and infant/child home visitation may be able to “fine tune” efficient use of resources.

17. Develop a health policy in this state.

18. I think you need to look closely at the current state (policy/plan/protocols) and develop a plan to meet needs not incomes. Encourage healthy lifestyles/education. Fund the PHONE program to be a resource.

19. I do not think that the recommendations put forward by this Coalition are effective. I think we have to look at why health insurance is so expensive. Can we look at health insurance providers and figure out why they charge so much? What about pooling with other states to determine if we can create a universal healthcare insurance? It seems like huge companies are getting away without any of the responsibilities for the high cost of insurance. Why place all of the burden on the public?

20. This is an important process. It would be a shame if the Coalition wrapped up its work without including an analysis and recommendations on the underlying causes of healthcare costs.

21. I’m encouraged that Nebraska is working on these important issues. We need to increase access to care for all populations. No one solution is needed.

22. We are a country where everybody expects to be cured or returned to good health without personal responsibility for our health through the past years.

23. Substance abuse services as a chronic illness, sever and persistent mental illness. Disease management. Educate on assessing wellness checks, mental health, SA prevention.

    How many choose to be uninsured and why?

24. This Coalition has an opportunity to effect real change for the people of Nebraska. Please don’t let politics keep you from making fair and good recommendations.

25. Increasing coverage by Medicaid would be great but isn’t really going to happen.

    Private employers (small as well) want to provide coverage to their employees for the most part but can’t afford the costs... or risk of huge increases. A reinsurance provider at the state or national level would allow more employers to offer coverage and/or improve the coverage.

26. Secure the funding - then decide which solution is best.

27. With all the cuts planned on Federal and State levels in Medicaid - I don’t see taxpayers wanting to pay higher taxes. It seems so fragmented. I don’t see much policy being discussed on a state and national level.

28. We need local health providers involved.

Explore ways of changing the situations that use existing resources and expand those services rather than replace them with subsidized services. East Central seems to have done that well - I don't know how other centers have done.

29. Healthcare in the US is a market-based financial driven service. (privilege)

    To really expand coverage and strengthen the safety net we need to move away from a market-based system to a rights-based system.

30. Those I marked neutral were because I didn't feel qualified or educated enough to answer at this time. I strongly support development of more FQHCs - safety net programs. I think the idea regarding sharing costs, employer/employee, Medicaid is great. I wonder about the bureaucracy this will create. It's hard to make these things/programs simple.

    Advice: Move forward - Do something! Don't let lack of consensus stop the momentum. Small steps in the right direction are better than none. I agree that we should value public health efforts more to prevent significant health issues.

31. Insurance companies will make their money and pass cost to the insured. These costs will continue to increase as technology allows for better testing and treatments. This is a very litigious society as well so physicians practice defensive medicine- also driving up the costs, making it less affordable for all people. Tort reform will help lower costs. Individuals need to take personal responsibility for their health: eating right, exercise, etc. to be healthier and thereby causing less utilization of the health care system.

32. Contact the Public Policy Center at UNL and United Way regarding working with a currently working coalition addressing medical and mental health issues in Lincoln.

33. I believe we should have a national policy and how do we implement this to provide the total population?

34. Push LB 712 - still in committee and save for next year. Perhaps an interim study - it will help. Pharmacy expenses.

    Up front costs (which is not great) and the pharmacy industry have been opposed.

35. I want the government out of my body and bedroom, and pharmacy companies out of my pocket.

36. For 63 percent of uninsured that are employed, how many of these employers offer insurance coverage? Incentives for employers to offer coverage?

    Increase consumer responsibility to manage health care overtime.

    Cost shifting from uninsured services is about 3% of the rise in "cost". Increasing uninsured will cause more cost shifting. Medicaid pays well below cost to provider. Increasing Medicaid portion will also cause cost shifting.

37. All of these are good ideas, but can we afford it?

38. Education - focus on individual responsibility.

39. Look for options of cost sharing to make health care costs more affordable for employers and individuals (public/private partnerships, govt./insurance companies, etc.).

40. I am concerned about the lack of "certificate of need". Many independent physicians have their own mammography, radiology, and surgical centers. This has driven up the cost of healthcare.

I don't want to decrease R&D in drug manufacturing. However, can we STOP advertising of meds to decrease costs? Physicians and NPs don't advertise and they have consumers.

41. Address the issue of those falling through the cracks - those who are just a few dollars over income. Why does it seem like punishment if they work? Encourage the public to be better health care consumers.

42. Address high costs of the health care. This means many different parties much some to the table and agree to become part of a solution instead of maintaining outdate practice theories that contribute to the problem.

    Deal with the social inequities putting people in the position of being unable to access healthcare.

43. Please be assured that the undocumented and minorities have a voice as we move forward with this issue.

44. Don't waste time talking about options with increased state/federal funding. Only out of savings, or it just isn't going to happen.

    Manage care provided in case/disease management. Long term view not episodic.

Participant Feedback Comments – Norfolk

1. Expand the Kids Connection program.

2. We didn't talk at all about prevention or personal responsibility.

3. Retain local provider pharmacies in the delivery system.

4. "Incubation funding" for clinics actively pursuing FQHC status. $100,000/year would go a long way as we garner community support, develop a diverse and consumer driven board of directors, employ translators, serve the poor and at the same time meet the numerous requirements of the FQHC application.

5. Increase options for incubation funding for "pre-FQHC" clinics as they proceed in the FQHC process. $100,000 – $150,000 would greatly help keep clinic doors open.

   How to expand coverage for the undocumented immigrants who are short-term and long-term residents of Nebraska?

   Pharmacy information center would be helpful if reaches the low income, non-English speaking, low reading level patient population. Those who most need the information and help would most likely have the greatest difficulty accessing information and they most need access to the medication themselves.

   Disease management – need to include mental health issues. Need long-term financial support for prevention vs. acute treatment.

6. Get the cost of drugs down. Even with insurance these costs are going up excessively.

7. Community health centers seem to be the answer to the challenges that we have to meet the needs of the uninsured. Could private business be rewarded or motivated to provide seed money (Hallmark, JC Penney, Cargill, etc)? CHCs could also provide educational opportunities to families.

Multi-state drug purchase pool is my next important priority!

8. How to reduce cost of meds for general public?

9. As a provider for services to chronically mentally ill, I am concerned that their access to services maybe overlooked in this process. Great strides have been made to address physical health. And we are all aware that physical problems, especially chronic, can spread over into behavioral health issues. Being proactive in this area appears to be a critical need.

   There was a lot of discussion about uninsured but what about the underinsured?

10. Being from a very rural area (Cherry, Brown, Rock, Keya Paha, Boyd, Holt county service area), we serve many who have high deductible insurance policies, i.e., $5,000 – $10,000, thus then not eligible for Kids Connection. What about a waiver to address this? Under-insured is as big an issue often as uninsured. Please don't forget this piece.

    High cost of medications is a very serious problem. Great concern for over 65 as well as under 65.

11. Support LB 712.

Participant Feedback Comments – Grand Island

1. How can we expand Medicaid coverage when we cannot financially support our current system? Where will the funding come from?

2. Look at Sentinel Health Care's Drug Program in Buffalo County as a model for statewide drug discount program.

3. Need more dental resources that take Medicaid participants. Keep our most vulnerable population in mind: children, disabled, elders.

4. Please consider the behavioral health care needs. In Community Mental Health Center we see 80 percent uninsured now versus 50 percent in the past, mostly in the $10,000 – $20,000 income level.

   They need mental health and substance abuse counseling and treatment and the state funding currently does not cover the numbers that need to be served. Many also need a sliding scale for psych consults with doctors and APRNS – there's a huge need for funding here.

5. Where is this really going? Is the process going to create results? Where is the $$ coming from?

6. Consideration for a family planning waiver for State of Nebraska. Guttmacher Institute studies indicate for every $1.00 invested in family planning, $3.00 is saved.

   For young adults to have coverage, that they have the opportunity to remain on their parents health plans as those who choose to be, and continue to be, a full-time student as opposed to those who are not eligible to remain on the plan because they cannot afford college and struggle to make ends meet, often working for low-income wages and cannot afford health premiums or not eligible for coverage in their position.

7. Stay focused on increasing access to care and do something. Appreciation for the challenge to the Coalition – the influence of the insurance companies and pharmaceutical companies to the cost of health care.

8. I feel there is merit in what the Coalition is trying to do; however, I feel there are several very important issues that must be addressed first in order to make any plan for expanding health

insurance coverage be successful. For example, increasing the number of health care providers that will accept Medicaid patients (especially in out-state Nebraska). It is simply not cost effective for some healthcare providers to accept Medicaid patients. Also, it is going to be very important to get physician support for increasing the number of FQHCs.

9. Safety net is key.

10. You talked about expanding Medicaid income eligibility, but what about those individuals that are affected by immigration 'sponsorship rules' this affects many minority children. There are also many undocumented children that are uninsured. How will they be covered?

11. Review State Statute 44-5256. It prohibits an employer from contributing toward the cost of an individual medical plan, including through a 125 plan. If an employer were able to help and not be considered a 'small group' plan, this would help availability of insurance through pre-tax deductions through a section 125 plan and therefore more affordable.

12. Thank you to the Nebraska Health Insurance Policy Coalition for the opportunity to comment on your excellent beginnings of a strategy to expand health coverage for citizens of Nebraska. My comment has to do with your goal: you say: "High quality health care services should be available, accessible, and affordable, maximizing public and private resources and partnerships."

    You say nothing about public education and without this element so many other important elements of your plan will be minimized. Consider prescription drugs as an example: the industry has legions of people out there advancing the sale of their products. Unless concerted efforts are made to counter the self-interest of this industry they will overwhelm anything the State of Nebraska tries to do.

    Add a phrase to your goal: "High *quality health care information and high* quality health care services should be available, accessible, and affordable, maximizing public and private resources and partnerships." Then add a guiding principle to your list: *Communicate relevant health care information to consumers.*

    Certainly there are many efforts that can be made here, but the most important is:

    Drug Company Detailing Cost Reporting – This type of initiative would require drug companies to report the amount of money they spend in trying to influence physicians to prescribe drugs. The information could provide the basis for a counter-detailing campaign that would provide current unbiased research to physicians on the effectiveness, side effects, contraindications and comparative cost of prescription drug products. The State of Vermont has instituted this initiative and the first year reports make you grit your teeth at what the pharmaceutical industry is doing. (Bert Peterson)

13. Proposed Public Strategy III: question validity – Kmart, WalMart already multi-state purchase.

    Proposed Public Strategy VI: question validity – already pretty high.

14. Proposed Public Strategy I: would be easiest to add satellites? How far apart can they be?

    Proposed Public Strategy III: difficult in rural area.

Participant Feedback Comments – North Platte

1. Expanding Medicaid for single parents.

2. We need to reduce the rapidly increasing rates to all which would mean controlling the supplier cost.

3. We need to come to some solutions to the access to care. Thanks for working on this important issue.

4. For the relatively low cost of the education pieces, I don't see any reason why we shouldn't do those. They may not make a large impact, but if it's a small one, that's at least something. The other pieces all show potential, but I would like to know the costs involved and know if they really are feasible – given all the cost-cutting that the state has been doing and the continued competition for all federal dollars as well. Thank you all for your time on this matter. I hope you get some help implementing some of these.

5. Affordability: small business/employee cost.

   Employees that choose not to enroll in employer's plan.

   Access issues – dental care, transportation.

   Cost control on mental health care services.

6. Where would the Safety net Commission owe its primary allegiance? State Medicaid? Governor? Office of Public Health?

   Changing eligibility back to twelve months would free up HHS staff to do outreach and decrease numbers dropping off Medicaid.

   Reinsurance – this is a subsidy of a for-profit company and seems unfair for government to subsidize insurance companies since the companies are profitable.

7. Make changes. Look at other states that are seeing positive outcomes and implement those things whenever possible. Glad to see you out in this area. Thanks for the information.

Participant Feedback Comments – Gering

1. If the Safety Net Commission is developed, I would advocate for Community Health Centers to play a central role in this function.

   I support central pharmacy organization if it doesn't jeopardize the small rural pharmacies and create a hardship. Our 340B program is operated through a contract with a small local pharmacy, which benefits both the patients and the pharmacy.

2. I believe that it is very important to include behavioral health into all or parts of the proposed strategies. The Coalition should be commended for its depth and breadth of proposals.

3. I hope this program is not another state program that becomes a bloated bureau of state government. It would be better to start the program through existing agency to minimize start up cost. One million dollars is a large start up cost.

4. Does you plan have any provision for the migrant population or the undocumented in Nebraska?

5. You are doing a great job.

6. There is a small population who may qualify for public health assistance, but may not want any involvement by the state into their lives. These people refuse to apply for Medicaid, are barely employed, and incur large medical bills. How do we reach these people?

7. Look at other states – what are they doing? What have they done (i.e., limit how many children can be on Medicaid)?

   Abuse of people on Medicaid: use (overuse) of ER visits, accountability to follow through with appointments (no shows with Medicaid have the highest rate), limit visits per year, use generic over the counter and other drugs.

   Requirements to have Medicaid: continue job training, limit time to be on it, random drug testing, make fathers accountable for payments.

   If person cannot work – provide community service or volunteer.

   Require pregnant mothers, mothers to attend parent training.